

2644  
S. No. 2  
1-4-41  
5-17-39  
PI X2638

Registration District No. 7911  
Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1 (1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Days  
(Specify whether  
In this community 20 Year  
years, months or days)

3. (a) PRINT Joseph Kubon  
FULL NAME  
3. (b) If veteran, name war None  
3. (c) Social Security none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased April 21 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 21 30  
hr. min.

9. Birthplace Germany 4  
(City, town, or county) Dutcher (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Un Known Kubon  
13. Birthplace Germany 4  
(City, town, or county) Un Known (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Germany 4  
(City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mrs. James Simmons  
(b) Address 8720 N. Broadway

17. (a) Burial (b) Date thereof June 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich Funeral Home  
(b) Address 8319 Hall's Ferry Rd.

19. (a) JUN 20 1941 (b) J. D. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
St. Louis  
(c) City or town 811  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8444 N Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18,  
year 1941 hour 10:15 minute P. M.  
21. I hereby certify that I attended the deceased from May  
28, 1941 to June 18, 1941;  
that I last saw him alive on June 18, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cor Myocarditis  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy ase  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature Walter Ford (M. D. or other)  
Address 1515 Lafayette Ave. Date signed 6/20/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

200  
17  
9

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Ray W. Wilkinson*  
Licensed Embalmer No. *3575*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**